

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Dimensions Building Corp
BUSINESS STREET ADDRESS: 6000 SW 55th St - Davie ZIP 33314
BUSINESS MAILING ADDRESS: 3389 Sheridan St #119 - Hollywood, FL ZIP 33021
BUSINESS PHONE: 954-625-2200
DESCRIBE TYPE OF BUSINESS: General Contractor OFFICE ONLY
BUSINESS IS: Corporation X Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Michael Morale</u>	<u>6000 SW 55th St</u>	<u>Davie - 33314</u>	<u>954-584-6098</u>
2. <u>Jickie Morale</u>	<u>"</u>	<u>"</u>	<u>"</u>

Federal ID Number or Social Security Number [REDACTED]

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 04, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Michael Morale president [Signature]
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>7/21/04</u> Category <u>05800</u> Fee Exempt per Sec. 13-13 <u>Fee \$0.82</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>04-20136</u> Control # <u>16330</u> Zoning <u>A-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>AR</u> Date <u>7/22/04</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL <u>70658</u> <u>50-41-35-16-0016</u> <u>MOBILE NOTARY</u> <u>PLAT</u>	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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